

Form 8849 with Schedule 5 - Test 5

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 001700010

Name – WBCN Boat Company

NameControl - WBCN

USAddress – 1212 Blue Street North Beach MD 20714

Officer

Name – William R Smith

Title - President

Phone – 4102572121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000011

Phone -4102572222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 2024 binaryAttachmentCount - 0

Form 8849 Schedule 5 - Test #5

Form 8849 with Schedule 5 - Test 5	Claim for Refund of Excise Taxes	TY 2024
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Name:	WBCN Boat Company
Taxpayer identification number:	001700010
Number, street, and room:	1212 Blue Street
City or town, State, Zip code:	North Beach MD 20714

Schedule 1	Nontaxable Use of Fuels	<input type="checkbox"/>
Schedule 2	Sales by Registered Ultimate Vendors	<input type="checkbox"/>
Schedule 3	Certain Fuel Mixtures and the Alternative Fuel Credit	<input type="checkbox"/>
Schedule 5	Section 4081(e) Claims	<input checked="" type="checkbox"/>
Schedule 6	Other Claims	<input type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input type="checkbox"/>

Schedule 5, Form 8849 - Section 4081(e)

Form 8849 Schedule 5 - Test #5	Section 4081(e) Claims	TY 2024
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Name:	WBCN Boat Company
Taxpayer identification number:	001700010
Number, street, and room:	1212 Blue Street
City or town, State, Zip code:	North Beach MD 20714

Total refund (see instructions) 1657.00

Claimant's registration no. 613342241 M

Part I Claim for Refund of Second Tax.

Type of Fuel	(a) Amount of refund	(b) CRN
1 Gasoline	1657.00	362
2 Aviation gasoline	0	324
3 Diesel fuel	0	360
4 Kerosene	0	346
5 Diesel-water fuel emulsion	0	309
6 Dyed diesel fuel, dyed kerosene, and other exempt removals	0	303
7 Kerosene for use in aviation	0	369
8 Kerosene for use in commercial aviation (other than foreign trade)	0	355

Part II Supporting Information Required

(c) Type of fuel Enter line number from Part I.	(d) Date second tax liability incurred Use MMDDYYYY format.	(e) Gallons of fuel claimed	(f) Amount of second tax paid
<i>1</i>	<i>06092024</i>	<i>10000</i>	<i>1657.00</i>